FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING 09G116 03/10/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 121 TUCKERMAN ST, NE MY OWN PLACE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 000 **INITIAL COMMENTS** W 000 A recertification survey was conducted on March 10, 2009, utilizing the fundamental survey process. A random sampling of two male clients was selected from the residential population of four men with varying degrees of disabilities. The GOVERNMENT OF THE DISTRICT OF COLUMBIA survey findings were based on observations in the 4.1 **DEPARTMENT OF HEALTH** group home and at two day programs, interviews **HEALTH REGULATION ADMINISTRATION** with staff and the review of clinical and 825 NORTH CAPITOL ST., N.E., 2ND FLOOR administrative records including the facility's **WASHINGTON, D.C. 20002** unusual incident reports. W 112 483.410(c)(2) CLIENT RECORDS W 112 The facility must keep confidential all information ا خۇ contained in the clients' records, regardless of the form or storage method of the records. Ä, This STANDARD is not met as evidenced by: W112 Based on observation, the facility failed to ensure To ensure privacy the information on the 3.15.09 the confidentiality of personal information, for four individual's full names have been removed Ongoing of the four clients (Client #1, #2, #3, and #4) from the dietary information sheet and residing in the facility. replaced with initials only. The QMRP/Residence Manager will ensure The findings include: that information containing confidential/private information maintained in a accessible, but private Interview with the facility's House Manager (HM) manner on March 10, 2009, at approximately 4:23 PM revealed that the client's diets were posted on the refrigerator. The surveyor observed the client's diets posted openly on the refrigerator door in the kitchen. The diet chart listed the specialized, prescribed diets with each of the client's individual names. At the time of the survey, the facility failed to .1 ensure confidentiality of each of the client's individual prescribed diet brders. ABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVES SIGNATURE (X6) DATE Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days to be date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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(24) 10	CHIMMADY STA	TEMENT OF DEFICIENCIES		—-			
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W 120	483.410(d)(3) SERV OUTSIDE SOURCE	VICES PROVIDED WITH ES	W ·	120			
DÉ	The facility must as meet the needs of e	sure that outside services each client.	÷				
—3: S: V-	This STANDARD is						1
A.F.		not met as evidenced by: on, interview and record		ļ	W120		3.13.09-
		niled to ensure that outside			The consultant QMRP and DDS Coordinator and Director of Progr	Service	Ongoing
•		eds of one of the two clients			Quality visited the existing day	oroorem	July
A.	(Client #2) included				and recommended modificat necessary to better address	ions as	
	The finding includes	: .			needs.]]
-	2009, beginning at 9 #2's day program ca	was conducted on March 10, 1:30 AM. Interview with Client ise manager revealed that the d yet. Continued interview			In addition, the DDS Service Co has agreed to conduct weekly m visits in conjunction with the Co QMRP and/or Director of Progra	onitoring onsultant ams and	
V	with the case manage participates in seven	per revealed Client #2 al counseling activities to			Quality to ensure that the ap supports and/or ISP recommenda IDT consensus are being implem	tions, per	
.	teach him how to rel	ate to his peers. Other		İ	Client#2.	O. 11.00 101	
	activities included pr	According to the case			0		
	manager the day pro	ogram's focus was to teach talong with other people.			On an ongoing basis, QMRP will day programs monthly and/or as n to ensure that the needs of the in- are being met. Alternative day	ecessary dividuals	
	revealed that Client #	with the case manager it was 2 did not have an Individual			opportunities will be explored if necessary documentation of	deemed the day	
}	Program Plan (IPP).	The case manager (day		ĺ	program visits will continue	to be	
9	program, was questi	oned if a comprehensive in conducted to assess Client		ļ	incorporated into the QMRP month	ily notes.	
	#2's needs. He indic	ated that an assessment had			·		' <u> </u>
. 1	program (approvies	n the client first started in the				į	- 1
1	he was unable to tell	tely a year ago), however, the surveyor what					
	recommendations we client's needs.	ere made to address the	•				
	Review of Client #2's	day program habilitation					

PRINTED: 03/25/2009 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G116 03/10/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 121 TUCKERMAN ST. NE MY OWN PLACE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 120 Continued From page 2 W 120 record revealed no evidence that the client had been assessed. The case manager showed the surveyor a copy of the client's "Community Activity Schedule (CAS)." The review of the CAS ., revealed "Safety Issues, Medication Complainant Ω & Health Education were the topics scheduled to be discussed at 10:30 AM. See Response to W120 on page 2 of 13. At 10:22 AM, unknown to the surveyor. Client #2 had arrived and was observed standing with his coat on near a hallway in an open space area. Approximately ten to fifteen of his peers was observed to be sitting in this open space area with a TV on. At approximately 10:24 AM, the day program social worker was overheard announcing "group was about to start." Additionally, the social worker announced that they were going to continue the series on Post Traumatic Stress Disorder (PTSD). One of the day program staff asked Client #2 to have a seat and to take off his coat. The client was observed to take his coat off independently and to sit with his peers. The social worker asked the client what was two characteristics of PTSD? Although other clients were overheard participating in answering the questions, Client #2 seemed to have no interest in the group. It should be noted that the client was interested in a young lady sitting on the row with him. The Social Worker continued the group

using a scenario, however failed to encourage Client #2 to participate in the discussion. Client #2 was observed to sit and stare at this young lady throughout the observation, and attempted to get her attention. As the surveyor was leaving the day program she overheard the social worker finally call Client #2's name to redirect his participation in the group discussion.

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W 120	Continued From page	ge 3	W 12	20			
AC.	manager and review habilitation record renote dated December note, Client #2's leve "one to one sessions activities remain poor indicated that the client socialization and interview with the Properations (DPQO) at 10, 2009 at approximate previous Qualifier Professional (QMRP) #2's current day program DPQO indicated talked with the client's the case manager left referral for another day interview with the DP was in need of an alternated to the control of the professional control of the case manager left referral for another day in need of an alternated the control of the professional control of the case manager left referral for another day in need of an alternated the control of the case manager left referral for another day in need of an alternated the case manager left referral for another day in need of an alternated the case manager left referral for another day in need of an alternated the case manager left referral for another day in need of an alternated the case manager left referral for another day in need of an alternated the case manager left referral for another day in need of an alternated the case manager left referral for another day in need of an alternated the case manager left referral for another day in need of an alternated the case manager left referral for another day in need of an alternated the case manager left referral for another day in the case manager left referral for another day in the case manager left referral for another day in the case manager left referral for another day in the case manager left referral for another day in the case manager left referral for another day in the case manager left referral for another day in the case manager left referral for another day in the case manager left referral for another day in the case manager left referral for another day in the case manager left referral for another day in the case manager left referral for another day in the case manager left referral for another day in the case manager left referral for another day in the case m	ogram Director and Quality and acting QMRP on March nately 3:00 PM revealed that d Mental Retardation) had identified that Client fram was not appropriate. that the former QMRP had is case manager, however it prior to submitting a program. Continued QO verified that Client #2			See Response to W 120 on page	2 of 13.	
W 124	current case manager conference. At the time of the survensure Client #2's day 483.420(a)(2) PROTE RIGHTS	rey, the facility failed to	W 124				
	parent (if the client is a	re the rights of all clients. nust inform each client, a minor), or legal guardian, condition, developmental attendant risks of			Response to W124 on page 5 of 1	3.	

treatment, and of the right to refuse treatment.

		AND HUMAN SERVICES MEDICAID SERVICES			PRINTE FOR	D: 03/25/2009 M APPROVED
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W 124	Continued From pa	ge 4	W 1	24		
	Based on interview failed to ensure the their legal guardian medical condition, d status, attendant rist to refuse treatment, (Clients #1 and #2) i The findings include 1. The facility failed t revealed Client #1's (family member) had psychotropic medical interview and record 2009 at 9:30 AM revealed Client #1's had psychotropic medical interview and record 2009 at 9:30 AM revealed Client #1's (family member) had psychotropic medical interview and record 2009 at 9:30 AM revealed Client #1's (family member) had psychotropic medical interview and record 2009 at 9:30 AM revealed Client #1's (family member) had psychotropic medical interview and record 2009 at 9:30 AM revealed Client #1's (family member) had psychotropic medical family member) had psychotropic medical family members at the family members a	o provide evidence that surrogate decision maker been informed of his tion prior to its use. verification on March 10, ealed that Client #1 received nedications to address his		W124 1. Written consent for of psychotropic me Client #1 has bee from their representative. On My Own Place will o annually thereafte evidence of consindividual's activity records. 2. Written consent for of psychotropic me Client #2 has bee from their representative (par obtained My Own obtained My Own	edications for requested authorized ce obtained, btain consenter and file sent in the emedical continued use dications for n requested authorized ents). Once	
	and the Acting Qualif Professional (QMRP) PM revealed that Clie giving informed conce medications and habi QMRP's statement was 2009, at 2:45 PM thro Psychological Assess 2009, and Behavior S July 12, 2008. Accord was " not able to make concerning his treatment	use Manager at 10:00 AM ied Mental Retardation on March 10, 2009 at 2:20 ent #1 was not capable of ent for the use of litation services. The as verified on March 10, ugh review of Client #1's ment dated February 24, upport Plan (BSP) dated ling to the reports, Client #1 e independent decisions ent plan, financial affairs, or day placement." The		obtain consent annua and file evidence of condividual's active records. In addition, My Own Place that any changes proposition of the psychotropic drug regimes #1 and #2 are communical legal representatives allow risks and benefits of the non-emergency situation will not be made until obtained.	e will insure posed in the posed in the posed in the posed to their posed in the po	Ongoing

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W 124	Continued From pa	ge 5	W	124			
5 /		him in decision making.	VV	124			1
	Members to desist i	int in occision making.	:	- 1			
 [additional interview 2009 failed to provid treatment needs, inc	's medical record and with the QMRP on March 10, de evidence that Client #1's cluding the benefits and			See Response to W124 on page	5-440	
	medications, and the	s associated with his e right to refuse treatment, to him and/or a legally	-		Oce Nesponse to W124 on page	· 5 Of 13.	
	authorized represen	tative.					
	2. The facility failed	to ensure that informed		ŀ	•		ļ
	consent was obtained	ed from Client #2's legal		- }]
•		administration of his)
ι	psychotropic medica						i l
	March 10 2000 hoo	nedication administration on inning at 7:25 AM revealed		ſ			
	Client #2 received m	Madications including					
Ŵ	Haloperidol and Diva	al-proex sodium. Interview		- 1			
	with the medication	nurse on March 10, 2009,					•
	revealed the aforeme	entioned medications were					
j	used to address the	client's behaviors.		ļ			
	Interview with the Ho	ouse Manager (HM) on March					ĺ
	10, 2009, at 7:38 AM	revealed that Client #2 did					
	not have the capacity	to give informed consent for					
ļ	The Utilia electron	ns and habilitation services.		ļ			
	2008 of 2:00 DM No.	was verified on March 10,		- 1			1
	DSVCholonical access	ough review of Client 2's sment dated April 11, 2008.				1	ł
	According to the assess	essment, Client #2 "is not		-	•		
	competent to make in	ndependent decisions		Ì			[
	concerning his reside	ential placement day					ľ
	placement, financial a	affairs, or treatment plans				j	1.
. 1	He lacks the cognitive	e and academic skills		-			()
	necessary to underst	and the implications of such				ľ	1
[}	and therefore cannot	give his informed consent "				-	1
	The HM further revea	iled the client's parents were					1
[]	his legal guardian and making	to assist him in decision					

Event ID: TW1D11

Facility ID: 09G116

If continuation sheet Page 6 of 13

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/25/2009 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 8. WING 09G116 03/10/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **MY OWN PLACE** 121 TUCKERMAN ST. NE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION iD PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLÉTION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 124 Continued From page 6 W 124 At the time of the survey, the facility failed to provide evidence that informed consent was obtained from the client and/or legally authorized DE representative prior to the administration of his CE: psychotropic medication. ≩ W 159 483.430(a) QUALIFIED MENTAL W 159 RETARDÁTION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. W159 Reference response to W124 and W120 4.15.09 This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP). The findings include: 1.3 1. The QMRP failed to ensure that outside services met the needs for Client #2. [See W120] j)E 2. The QMRP failed to ensure that informed consent was obtained from Clients #1 surrogate decision maker and #2's legal guardians prior to the administration of their psychotropic medication. [See W124] W 261 483.440(f)(3) PROGRAM MONITORING &

ORM CMS-2567(02-99) Previous Versions Obsolete

The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in

CHANGE

Event ID: TW1D11

Facility ID: 09G116

W 261

If continuation sheet Page 7 of 13

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Α

This STANDARD is not met as evidenced by: Based on interview and record review, the

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no evidence that the facility's specially constituted committee ensured that written informed consent had been obtained for the use of Client #1's BSP

that incorporated restrictive techniques.

2. The facility failed to ensure that written

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W 263	Continued From pa	ne 9	14/2	62		
,	informed consent w	as obtained from Client #2's to the implementation of his	W 2	63		
b .	2009, at 7:38 AM durevealed Client #2's conjunction with a 8 behaviors. Review record on March 10, that Client #2 had a According to the BS psychotropic medical inappropriate touchitalking/comments the	ng of others and at does not relate to reality		See Response to 263 on pag	je 9 of 13	
15 mgs	March 10, 2009, revice capable of giving informedications and hat further revealed the	with the House Manager on ealed Client #2 was not ormed consent for the use of client's parents were his legal sted him in decision making.				
W 322	that the facility's spece ensured written information	vey, there was no evidence cially constituted committee med consent had been of Client #2's BSP that ve techniques. CIAN SERVICES	W 32	2		
27 - 27 - 48 - 3 - 3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	The facility must prov general medical care	ide or obtain preventive and				
-7	Based on interview ar	not met as evidenced by: not record review, the facility ral and preventative care				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/25/2009 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G116 03/10/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 121 TUCKERMAN ST, NE **MY OWN PLACE** WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETION TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 322 Continued From page 10 W 322 services, for one of the two clients (Client #2) included in the sample. The finding includes: W322 In compliance with the recommendation of Review of Client #2's medical record on March the Physical Therapist's assessment a 3.27.09 Tempra-pedic mattress and pillow has 10, 2009, at 2:40 PM revealed a physical therapy assessment dated July 21, 2008. According to the been purchased and placed in the bedroom of client#2. The Director of assessment, the physical therapist recommended regular orthopedic follow-up of Client #2's cervical Program and Quality Operations in conjunction with the Director of Health and lumbar spine and scollosis. Further review of Services will review all assessments to the assessment revealed the recommendation to ensure the status of all identified purchase a Therma-pedic mattress and recommendations is included in the QMRP Therma-pedic pillow to ensure current postural and Nursing monthly notes. conditions remained stable. The QMRP, Residence Manager and Interview with the Director of Program and Delegating nurse will continue to meet Ongoing Quality Operations (DPQO) on March 10, 2009. Λ monthly and ensure that the records and all at approximately 3:40 PM revealed that the recommendations are thoroughly reviewed mattress and pillow were not available. She and followed up on as necessary during further indicated the mattress had been ordered the monthly meeting. and provided an invoice for verification specifying delivering date of March 12, 2009. The pillow was purchased on the day of the surveyor and shown In addition, the Director of Programs and to the surveyors. The DPQO further stated that Quality and Director of Health Services will the team met on a monthly basis to review each conduct routine program audits to ensure timely purchase and implantation of all client's records for recommendations, however at recommended items as applicable. the time of the survey the facility failed to address client #2's recommendations timely. W 436 483.470(g)(2) SPACE AND EQUIPMENT W 436 The facility must furnish, maintain in good repair, and teach clients to use and to make informed

choices about the use of dentures, eyeglasses, hearing and other communications aids, braces,

interdisciplinary team as needed by the client.

and other devices identified by the

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	D: 03/25/2009 M APPROVED D: 0938-0391
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W 436	Continued From pa	ge 11	W 4	36			
DÍ. 1981 S.M.	Based on observation verification, the facili provision, training a	s not met as evidenced by: on, staff interview and record ity failed to ensure the and maintenance of a client's , for one (1) of two (2) lient #1)			W436 An appointment for client#1 has l scheduled for April 9, 2009 to assidenture replacement.	peen sess for	4.9.09
'ni	March 10, 2009 at 7 broadly when the su	on administration process on :25 AM, Client #1 smiled reveyor introduced herself. It			A formal tolerance program will be developed by the QMRP once ne dentures are obtained to assist C with gradually increasing his toler wearing the dentures.	w lient #1	5/1/09
	teeth. According to the prescribed upper deather Acting Qualified Professional (QMRPPM, revealed that Circceived his upper deather unknown). The client was provided a store his dentures with the prescribed provided and the prov	ient #1 had been fitted and entures in February 2009 QMRP further revealed that with a Denture container to hen not wearing them.			Additionally, staff will monitor and with providing Client #2 the proper supports to store his dentures who not wearing them. A checklist will developed for use in both home a program to ensure that Client #2 dentures are in his possession dutransitioning to and from day program to ensure that client #2 dentures are in his possession dutransitioning to and from day program of the wearing, removal and storage of dentures.	er en he is I be nd day s ring ram.	5/1/09- Ongoing
	Client #1 had not bee removal and storing of Client #1's medical at PM, verified that a tra wearing and storage instituted. Further rec arrangements had be acquire replacement survey, there was no provisions had been it	dicated to her knowledge, en trained on wearing, of his dentures. Review of and program records at 2:50 aining program for the of his dentures had not been cord review failed to evidence een made with the dentist to dentures. At the time of the documented evidence that made for the repurchase and and storing Client #1's			The QMRP and Delegating RN wi adaptive equipment on a monthly and report any issues discovered Director of Health Services for folk	basis to the	Ongoing

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0231 03/10/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 121 TUCKERMAN ST, NE **MY OWN PLACE** WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION Ю (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 1000 INITIAL COMMENTS 1000 A re-licensure survey was conducted on March 10. 2009. utilizing the fundamental survey process. A random sampling of two male residents was selected from the residential population of four men with varying degrees of disabilities. The survey findings were based on ΔĽ observations in the group home and at two day programs, interviews with staff and the review of clinical and administrative records including the NAM facility's unusual incident reports. 1091 3504.2 HOUSEKEEPING I 091 Housekeeping and maintenance equipment shall be well constructed, properly maintained and appropriate to the function for which it is to be L091 used. The hot water in the basement has been 3.13.09 repaired and is functioning properly. This Statute is not met as evidenced by: Based on observations and interview, the facility The Vanity was replaced on 4.6.09. failed to maintain the interior and exterior of the 4.6.09 Equipment is noted to be functioning GHMRP in a in a safe, clean, orderly, attractive, properly. and sanitary manner. 14 The residence manager and QMRP will 4/1/09continue to conduct separate monthly The finding includes: Ongoing audits of the physical environment and report issues uncovered to the Director of Interview with the House Manager on March 10, $F_{n,k}(X_n)$ Programs who insures follow up via My 2009, at approximately 8:35 AM revealed the staff Own Place's contracted vendors. used the bathroom in the facility's basement. 4 The surveyor requested to use the aforementioned bathroom at 8:45 AM and observed that the facility's basement bathroom did not have any hot water. Additionally, the porcelain in the sink was peeling and rusted. The House Manager verified that they were aware of the condition of the bathroom and that it had been reported and scheduled to be repaired. leatth Regulation Administration ABORATORY DIRECTOR VEUPP HER REPRESENTATIVE'S SIGNATURE

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"one to one sessions, groups and other program activities remain poor." Additionally, the note lealth Regulation Administration

participation in the group discussion.

Further interview with the day program case manager and review of Client #2's day program habilitation record revealed a monthly progress note dated December 31, 2008. According to the note Client #2's level of active participation in

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